## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

		CLAIMS AS	S FILED - PART (Column 1)		(Column 2)		_	SMALL ENTITY TYPE		OR	OTHER THAN OR SNALL ENTITY	
TOTAL CLAIMS			5					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			5 minus 20=		*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			/ minus 3 =		*			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM P			RESENT					+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	370	OR	TOTAL	
CLAIMS AS AMENDED - PART II								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
		(Column 1) CLAIMS		(Colui		(Column 3)	1 1	SWALL		Un I I	SWALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
							ı	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDII. FEE			ADDI1. 1° E.E.	,
AMENDMENT B	·	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	0
AME	Independent	*	Minus	***	T CL AINA	=		X42=		OR	X84=	
L	FIRST PRESE	NTATION OF M					ا '	+140=		OR	+280=	_
,		BEST	AVAIL	ABLE	CO	PY	,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	11	X42=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	T CLAIM		1					
*	If the entry in colu	mn 1 is less than t	he entry in colu	ımn 2 writ	e "0" in co	lumn 3		+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriat box in column 1.												

## NOTICE OF FEE DUE

DATE:	01-16	-02	<u></u>					
TO:	OIPE			,				
FROM:	Office of Initial Pater	nt Examinatio	on					
SUBJECT:	Fee Due			1 -				
APPLICAT	TION NUMBER:	10042	756					
Office for the authorization	ne following reason. In to charge a deposit a ppropriate fee. If an a	Please check account. If a	the application n authorization	S. Patent and Trademark on for the appropriate on is present, please it, notify the applicant of				
☐ Insufficient fee by check								
☐ Insufficient funds in deposit account								
Declined credit card								
□ Non authorization for charge to deposit account								
□ No fee su	ubmitted per requirem	ent 🕰						
,		<b>;</b>	٠.					
The correct	fee code:	· · ·	amount	\$				
The suspend	led fee code: 197		amount	- \$				
Fee Due			amount ·	=\$				
f you have any questions, please contact Cynthia Streater at 703-306-5430 or Eleanor Kurtz at 703-308-3642.								
Terminal Ope	erator	(An)						